Attorney's Docket No. 047717/274789   PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Robert Ehrhardt   Confirmation No.: 1550
Appl. No.: 10/604,551   Group Art Unit: 2861
Filed: July 30, 2003   Examiner: S. Meier
For: LABEL PRINTER WITH LABEL EDGE DETECTOR

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith is an AMENDMENT in the above-identified patent application.

☐   Applicant claims small entity status. See 37 C.F.R. § 1.27.
☐   No additional fee is required.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)	(COL. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR RATE	ADDIT. FEE
TOTAL	* 34	** 24	= 10	X 9=	$	X 18=	$ 180.00
INDEP	* 3	*** 3	= 0	X 43=	$	X 86=	$ 0.00
☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+145=	$	+290=	$
				TOTAL ADD FEE $		OR TOTAL	$ 180.00

    *   If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
    **   If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write
         "20" in this space.
    *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write
         "3" in this space. The "Highest Number Previously Paid For" (Total or Independent)
         is the highest number found from the equivalent box in Col. 1 of a prior Amendment
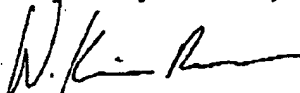   or the number of claims originally filed.

08/03/2004 PBRITTON 00000207 160005   10604551

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☒ Please charge my Deposit Account No. 16-0605 in the amount of $180.00.

☐ A check in the amount $ to cover the additional fee is enclosed.

☒ The Commissioner is hereby authorized to charge any deficiency in payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0605.

☒ Any additional filing fees required under 37 C.F.R. § 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 C.F.R. § 1.17.
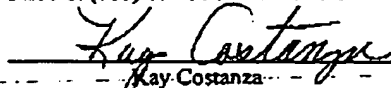
Respectfully submitted,

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CERTIFICATION OF FACSIMILE TRANSMISSION
I hereby certify that this paper is being facsimile transmitted to the US Patent and Trademark Office at Fax No. (703) 872-9306 on the date shown below.

Kay Costanza   7-27-2004
                            Date

CLT01/4659296v1

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number
10 604551

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	24 minus 20=	* 4
INDEPENDENT CLAIMS	2 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	~~750~~ ~~770.00~~
X$ 9=		OR	X$18=	72 -
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	822

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 34	Minus	** 24	= 10
Independent	* 3	Minus	*** 3	= —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

1, 13

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	180
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	180

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 10/03)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE